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APPLICATION NUMBER

FILING OR 371 (c) DATE

FIRST NAMED APPLICANT

ATTORNEY DOCKET NUMBER

10/769,485

01/30/2004

Timothy Maziasz

01379/1/US **CONFIRMATION NO. 8927**

Date Mailed: 06/16/2004

FORMALITIES LETTER

°OC000000012960031*

26648 PHARMACIA CORPORATION GLOBAL PATENT DEPARTMENT **ROST OFFICE BOX 1027 \$T. LOUIS, MO 63006**

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is \$130 for a Large Entity

\$130 Late oath or declaration Surcharge.

Replies should be mailed to:

Mail Stop Missing Parts

Commissioner for Patents

P.O. Box 1450

Alexandria VA 22313-1450

09/08/2004 SSITHIB1 00000065 1910 250 Propositions notice MUST be returned with the reply.

01 FC:1051

130:00 DA

09/08/2004 SSITHIB1 00000065 10769485

01 FC:1051

130.00 DA

Customer Service Center
Initial Patent Examination Division (703) 308-1202
PART 2 - COPY TO BE RETURNED WITH RESPONSE

	Filing Date Granted (PTO-1533)(Large Entity) 01379/1/US									
PARE oplication Of: Timothy Maziasz										
_	Serial No. Filing Date Examiner Group Art Unit									
10/769,485 January 30, 2004 Unknown Unknown										
Inver	Invention: METHODS AND COMPOSITIONS FOR THE TREATMENT OR PREVENTION OF HUMAN									
IMM	UNODEFICIENCY	VIRUS AND RELATED CONDI	TIONS USING CYCLOOXYGEN	ASE-2 SELECTIVE						
INHĮ	BITORS AND ANT	IVIRAL AGENTS								
		•	Missing Parts ONER FOR PATENTS:							
This i	s a response to the	Notice to File Missing Parts of A		PTO-1533) mailed on						
	une 16, 2004		pp							
Enclo	Date	ng are the following:								
	Sed ricrewitt for fill	ng are the following.								
\boxtimes	A copy of the Notic	ce to File Missing Parts of Applica	ation - Filing Date Granted (PTO-	1533). (REQUIRED)						
⊠ .	An oath or declaration in compliance with 37 CFR 1.63, including residence information and identifying the application by the above Application Number and Filing Date.									
	A properly signed oath or declaration in compliance with 37 CFR 1.63.									
	An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date.									
	A verified English translation of the non-English language application papers as originally filed. It is requested that this translation be used as the copy for examination purposes in the United States Patent and Trademark Office.									
\boxtimes	Other (list):									
	Transmittal Letter Itemized Postcard.	; Fee Transmittal; Separate Paper	Identifying Attorneys/Agents to l	oe Designated of Record;						

ponse To Notice To File Missing Parts Of Application Docket No. Filing Date Granted (PTO-1533)(Large Entity) 01379/1/US ication Of: Timothy Maziasz Serial No. Filing Date Examiner Group Art Unit 10/769,485 January 30, 2004 Unknown Unknown Invention: METHODS AND COMPOSITIONS FOR THE TREATMENT OR PREVENTION OF HUMAN IMMUNODEFICIENCY VIRUS AND RELATED CONDITIONS USING CYCLOOXYGENASE-2 SELECTIVE INHIBITORS AND ANTIVIRAL AGENTS TO THE COMMISSIONER FOR PATENTS: Mail Stop Missing Parts Completion of application fees as calculated below: ☐ Utility application filing fee Design application filing fee ☐ Total number of independent claims = Total number of claims = ☐ Multiple dependent claims Surcharge for late payment of filing fee and/or late filing of original declaration or oath \$130.00 Petition and fee for filing by other than all the inventors or a person not the inventor ☐ Fee for processing an application filed with a non-English language specification ☐ Fee for processing and retention of application Total completion of application fees \$130.00 This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the above-identified Notice to File Missing Parts of Application. The requested extension is as follows (check time period desired). If an additional time extension is required, please consider this a petition therefor. ○ One month ☐ Three months ☐ Five months ☐ Two months ☐ Four months August 16, 2004 until: **September 16, 2004** from: Date Date Total time extension fees \$110.00 Total fees due \$240.00

Response To Notice To File Missing Parts Of Application Filing Date Granted (PTO-1533) (Large Entity) In Re Application Of: Timothy Maziasz Serial No. Filing Date Examiner Group Art Unit 10/769,485 January 30, 2004 Unknown Unknown

Invention: METHODS AND COMPOSITIONS FOR THE TREATMENT OR PREVENTION OF HUMAN IMMUNODEFICIENCY VIRUS AND RELATED CONDITIONS USING CYCLOOXYGENASE-2 SELECTIVE INHIBITORS AND ANTIVIRAL AGENTS

TO THE COMMISSIONER FOR PATENTS:

Mail Stop Missing Parts

•	The f	fee of	\$240.00	is to be paid as follows:
		A check	in the amou	nt of the fee is enclosed.
	\boxtimes	The Dire	ector is hereb	by authorized to charge any fees which may be required, or credit any overpayn

If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. 19-1025

19-1025

James M. Warner, Reg. No. 45,199 Pharmacia Corporation of Pfizer Inc. P.O. Box 1027

Deposit Account No.

Chesterfield, Missouri 63006 314.274.43642

Customer No. 26648

I certify that this document and fee is being deposited on September 3, 2004 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA

Dated: September 3, 2004

Signature of Person Mailing Correspondence

Linda K. Cooper

Typed or Printed Name of Person Mailing Correspondence

CC:

OIPE			
SEP 0 7 2004 %	TRANSMITTAL LETTER (General - Patent Pending)		Docket No. 01379/1/US
In Re Application Of:	Timothy Maziasz		
Serial No.	Filing Date	Examiner	Group Art Unit
10,769/485	January 30, 2004	Unknown	Unknown
	D COMPOSITIONS FOR THE TR Y VIRUS AND RELATED CONDIT		
	e to File Missing Parts; Response to ecuted Declaration/Power of Attorn		
as described bel ⊠ Charge ⊠ Credit a	e is required. mount of is attace ereby authorized to charge and cre		19-1025
James M.v	Signature 13	Dated: September 3, 2004	

James M. Warner, Reg. No. 45,199 Pharmacia Corporation of Pfizer Inc. P.O. Box 1027 Chesterfield, Missouri 63006 314.274.3642

Customer No. 26648

110.00 DA

Signature of Person Mailing Correspondence

Linda K. Cooper

Typed or Printed Name of Person Mailing Correspondence

CC:

PTO/SB/17 (10-03)
Approved for use through 07/31/2006. OMB 0651-0032
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TO TRAC	Under Paperwork Reduction Act of 1995, FEE TRANSI	MITTAI	Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE or respond to a collection of information unless it displays a valid OMB control number. Complete if Known			
			Application Number	10/769,485	······································	
for FY 2004			Filing Date	January 30, 2004		
	Effective 10/01/2003. Patent fees are sub	ject to annual revision.	First Named Inventor	Timothy Maziasz		
	Applicant claims small entity status.	See 37 CFR 1.27	Examiner Name	Unknown		
			Art Unit	Unknown		
	TOTAL AMOUNT OF PAYMENT	(\$) \$240.00	Attorney Docket No.	01379/1/US		

0 7 2004 %

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
Check Credit card Money Other None	3. ADDITIONAL FEES Large Entity Small Entity					
Deposit Account:	Large E Fee	ntity Fee	Small Fee	LEntity Fee	=	See Doid
Deposit Account 19-1025	Code 1051	(\$) 130	Code 2051	(\$)	Fee Description Surcharge - late filing fee or oath	Fee Paid
Number 17 1023	1051	50	2051		Surcharge - late provisional filing fee or cover	130.00
Deposit Account Pharmacia Corporation	l				sheet	
Name That macta Cor por attorn	1053	130	1053		Non - English specification	
The Director is authorized to: (check all that apply)	l .	2,520			For filing a request for ex parte reexamination	
Charge fee(s) indicated below Credit any overpayments	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
Charge any additonal fee(s) or any underpayment of fee(s)	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1251	110	2251	55		110.00
FEE CALCULATION	1252	420	2252		- · · · · · · · · · · · · · · · · · · ·	
1. BASIC FILING FEE	1253	950	2253		Extension for reply within third month	
Large Entity Small Entity	1254	1,480	2254	740	Extension for reply within fourth month	
Fee Fee Fee Fee Description	1255	2,010	2255	1,005	Extension for reply within fifth month	
Code (\$) Code (\$) Fee Paid 1001 770 2001 385 Utility filing fee	1401	330	2401	165	Notice of Appeal	
1002 340 2002 170 Design filing fee	1402	330	2402	165	Filing a brief in support of an appeal	
1003 530 2003 265 Plant filing fee	1403	290	2403	145	Request for oral hearing	
1004 770 2004 385 Reissue filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1005 160 2005 80 Provisional filing fee	1452	110	2452	55	Petition to revive - unavoidable	
SUBTOTAL (1) (\$)	1453	1,330	2453	665	Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND	1501	1,330	2501	665	Utility issue fee (or reissue)	
Fee from	1502	480	2502	240	Design issue fee	
Extra Claims below Fee Paid Total Claims -20** = 0 X = 0.00	1503	640	2503		Plant issue fee	
Independent - 3** = 0 X = 0.00	1460	130	1460			
Claims Multiple Dependent =	1807	50	1807			
Large Entity Small Entity	1806	180	1806	180	Submission of Information Disclosure Statement	
Fee Fee Fee Fee Description Code (\$)	8021	40	8021	40		
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	Filing a submission after final rejection	
1201 86 2201 43 Independent claims in excess of 3	1810	770	2810	385	(37 CFR § 1.129(a)) For each additional invention to be examined	
1203 290 2203 145 Multiple dependent claim, if not paid	İ				(37 CFR § 1.129(b))	
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801		Request for Continued Examination (RCE)	
1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900	Request for expedited examination of a design application	
and over original patent	Othe	er fee (specify))		
SUBTOTAL (2) (\$) \$0.00						
**or number previously paid, if greater; For Reissues, see above	*Red	Juced b	y Basic	; Filing	Fee Paid SUBTOTAL (3) (\$)	\$240.00
SUBMITTED BY					Complete (if applicable)	
Name (Print/Type) James M. Warner		Registra Attorney	ation No v/Agent)	2.	45,199 Telephone 314.274.30	642

Signature September 3, 2004

WARNING: Information on this form may become public. Credit card information should

This collection of information on this form. Provide credit card information and authorization on

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**It was need assistance in completing the form call 1.800-PTO-9199 and select option 2.